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STANFORD UNIVERSITY SCHOOL OF MEDICINE
Department of Genetics

June 2, 1969

Dr. George A. Silver
Executive Associate
The Urban Coalition
1819 H Street, N.W.
Washington, D. C. 20006

Dear Dr. Silver:

The bulky material under your letter of May 16 did not reach me until the middle of last week, and I have been attending to it as rapidly as I could.

A number of fairly obvious microtopical comments are in self-evident form on the attached sheets as copied.

The report is a vast improvement over the previous versions, which is, of course, exactly what we should expect from the labor that has gone into it. There are, however, two areas where I believe that doctrinaire zeal has run away with effective persuasion, and I must enter my own protest at a rather extremist line of statement.

1. Community Participation. This has certainly been badly neglected in the past and perhaps warrants the kind of overreaction that is manifest here. However, I think it important to warn that it not be elevated into an absolute dogma that can lead to serious trouble. It is manifestly true that the community knows, in a way that no one else can, about the nature of its needs. But I don't think one can jump from that to attributing expert knowledge on technical solutions to them. On page 14, for example, there is a quotation about not getting penicillin for a cold! That this can be recited as a grievance does, of course, speak for an inadequate communication between the profession and the community that something must be done about.

If you really do believe in this principle of local autonomy, why don't you come out with a couple of explicit cases, for example, defending the right of a community to decide for itself about the health advantages or disadvantages of marijuana, or to set up its own rules and regulations about induced abortions. I make these comments in all seriousness!

I do not myself subscribe to the view that the poor constitute a class that ought to be segregated and institutionalized for purposes of a corporate syndicalist form of government. I would rather do what I can to make them rich. I think it extremely important that our programs be responsive to the needs of the poor. This will obviously entail a much deeper pattern of communication than we have seen in the past, but this must be organized with great care if we are not to continue some of the fiascoes of recent years. Certainly in every area where "the rich" have had special representation, "the poor" must be heard as well. I do not, however, see the pertinence of

rich or poor in professional decisions, for example in the establishment of qualifications for the scientific practice of medicine. I have tried to emphasize this by distinguishing between the representation of community groups in helping to set "admissions policy" as against playing a politically loaded role in the selection of individual students on admissions committees.

Just as my final remark on this subject, I would ask you the manner in which "the poor" participated in legitimizing the present task force.

2. In a similar vein, the report still suffers from a strong and unjustified bias against medical research. I would take particular note of page 9, under Financing, with its remarks that research awards be conditioned on local community health. If I point out to you that expenditures for medical research now constitute much less than 5% of the $53 billion health budget cited on page 15, you may understand my wonder at your having singled out this particular point!

My main complaint at this rather negative approach is that the report totally neglects thought towards the very positive contributions that further medical research can take, and the efforts that we should be making to delineate the areas where there may continue to be a very high pay-off in human benefit from further investigation. I have already sent you a number of my newspaper articles that bear on this theme, but they still go only a very short way in trying to map out the challenge. I would urge you to cut out these derogatory remarks about research from the section under Financing altogether. I would also urge you to indicate that the elucidation of research challenges for the improvement of urban health is an area that this task force has failed to go into and that it would be a worthy subject for further study by The Urban Coalition. It obviously has been dealt with very shabbily by the present inquiry. I am not making these remarks on behalf of the research establishment, but rather on behalf of the need that urban health has for deeper scientific knowledge in a number of badly neglected areas. The way to direct the attention of medical investigators to such problems is to expose them, not to attack the already precarious funding base by which existing research proceeds.

Finally, a technical comment: has the stated ideal of a 15-minute entry time of a patient into the health care system been subjected to any kind of systematic analytical study? I am not exactly sure what the phrase means.

The chapter 9 C on Health Manpower may well, I agree, be the most critical contribution of this report, and I hope it will be properly highlighted. I particularly applaud the emphasis given here to being sure that unconventional channels are kept open for skilled health workers of pragmatically proven ability and experience to work their way up to the Highest echelons of the medical profession. This is, I would add, a very different proposition from the sentimental hope that <u>any</u> student, regardless of his previous academic preparation, can be magically transformed into an effective physician by a few additional years' training in a school of medicine.

Sincerely yours,

Joshua Lederberg
Professor of Genetics

cc: Dr. John Gardner, in connection with further discussion about research for urban health.